

<b>Case Number:</b>	CM14-0102523		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/22/2014
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 03/22/2014. This patient was seen in initial physical rehabilitation evaluation on 06/16/2014. At that time, the rehabilitation physician reviewed the patient's history of an assault at work 03/22/2014 with subsequent neck pain and upper extremity pain. The patient also reported burning and numbness in the bilateral forearms. The patient had tenderness diffusely in the cervical paraspinals and trapezii. No focal neurological deficit was noted in the upper extremities. The patient was diagnosed with cervical disc bulging and cervical degenerative disc disease from C3 through C7 with central canal stenosis at C5-C6. The treating physician felt the patient had significant myofascial pain for which an additional 6 visits of physical therapy was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Electromyography (EMG) Right Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Chapter 8 Neck, page 178 states that electromyography and nerve conduction velocities may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both lasting more than several weeks. Implicit in this guideline is that an electrodiagnostic study should be performed with a particular differential diagnosis in mind. The records at this time do not document such a differential diagnosis. The rationale or indication for this study is not apparent based on the records and guidelines. This request is not medically necessary.

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**Nerve Conduction Study (NCS) Left Upper Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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**Physical Therapy QTY: 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on physical medicine Page(s): 98.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines section on physical medicine recommends to allow for fading of treatment frequency plus active self-directed home physical medicine. The treatment guidelines anticipate that this patient would have transitioned by now to an independent home rehabilitation program. It is not apparent from the records how the proposed additional physical therapy would differ from an independent home rehabilitation program given the lack of specificity in the request/prescription. Therefore, this request is not medically necessary.